

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445328

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

05/22/2011

NAME OF PROVIDER OR SUPPLIER

FORT SANDERS TCU

STREET ADDRESS, CITY, STATE, ZIP CODE

1901 CLINCH AVE
KNOXVILLE, TN 37916

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 050
SS=F

NFPA 101 LIFE SAFETY CODE STANDARD

Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to assure fire drills were conducted quarterly on each shift.

The findings include:
Record review on May 22, 2011 at 1:40 p.m. confirmed first and third shifts failed to perform a fire drill in 2010 or 2011 and no second shift fire drills were conducted in 2010. Interview with the Safety Officer, in the Maintenance office on May 22, 2011 at 1:40 p.m., revealed he was not aware the Transitional Care Unit was to perform drills independently from the Hospital.

K 064
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10

This STANDARD is not met as evidenced by:

K 050

The Fort Sanders Master Emergency Drill Schedule has been amended to insure that quarterly fire drills are conducted for each TCU operating shift. The TCU operates 2 12 hour shifts. Drills are scheduled as follows;
7am - 7 pm - June, August, November
7pm - 7am - June, August, November

6/30/2011

8/31/2011

11/30/2011

A written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found will be maintained.

dr-45

K 064

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: IYGW21

Facility ID: TN4704

If continuation sheet Page 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445328	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2011
NAME OF PROVIDER OR SUPPLIER FORT SANDERS TCU			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 CLINCH AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 064	Continued From page 1 Based on observation and interview, the facility failed to assure fire extinguishers complied with the maintenance requirements of NFPA 10. The findings include: Observation and interview with the Maintenance Director and Safety Officer, on May 22, 2011 at 10:05 a.m. confirmed the portable fire extinguishers located at stairwells 1, 3, and 4 had been Hydrostatically tested in 2009 and failed to have a verification of service collar on them per NFPA 10 (1998 edition), Section 4-4.4.2.	K 064	The three fire extinguishers that were found without the "verification of service" collar were serviced by the hospital's fire extinguisher vendor on May 31, 2011. The "verification of service" collar has been installed on these extinguishers in accordance with NFPA 10. (1998 edition), Section 4-4.4.2. All extinguishers in the Transitional Care Unit were checked and were verified to be in compliance.	11/30/2011 <i>changed To 5-31-11</i>	

✓out compliance date. Cant do that.